SCHEDULE E)	PAGE 1 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check If X 24-hour report 48-hour report New report X Amends report filed on	12 06 2012
Full Name (Last, First, Middle Initial) of Payee Rev. Stephen Broden	
Mailing Address 1321 Rowan	0 10 29 7 2012 ount
City State Zip Code Dallas TX 75223	308.79
	saction ID : SE.9496 ught: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Check Or	President De: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursen	nent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Rev. Stephen Broden	e 10 / 29 / 2012
Mailing Address 1321 Rowan Ame	ount
City State Zip Code Dallas TX 75223	308.80
Purpose of Expenditure Travel expenses for bus tour Category/ Type Office Sou	ught: House State: MO Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL Check Or	
Calendar Year-To-Date Per Election for Office Sought 104460.66 Disbursen 2012	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	617.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	•
Paul Tripodi [Electronically Filed] Date O1	28 2013

1mage# 13960503556 PAGE 2 / 18

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F24A Transaction ID:

This report has previously been amended to delete the vendor Family Research Council Action and report the individual vendors for this independent expenditure (bus tour). When the report was filed, it was contemplated that the expenses associated with the bus tour would be paid to Family Research Council Action. When the report was amended, good faith estimates of the expenses were used. The report includes additional vendors and provides specific amounts.

Form/Schedule: Transaction ID:

SCHEDULE E)	PAGE 3 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	DENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C00489625
Check If X 24-hour report 48-hour report New report X Amends report filed on 12	06 / 2012
Full Name (Last, First, Middle Initial) of Payee	
Randy Burt	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 801 G Street NW Amount	29 2012
City State Zip Code	
Washington DC 20001	2306.55 ID: SE.9535
Purpose of Expenditure Travel expenses for bus tour Category/ Type Office Sought:	House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
W TODD AKIN Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2012 Other (s	r: Primary General
Full Name (Last, First, Middle Initial) of Payee Champion Coach	/ D D / Y Y Y Y
Mailing Address 145 Ben Hamby Lane	29 2012
Amount	
City State Zip Code Greenville SC 29615	7700.00
Purpose of Expenditure Bus rental Category/ Type Office Sought:	House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
W TODD AKIN Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement For 25087.00 Other (r: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	10006.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date 01 28	
Signature	

SCHEDULE E)	PAGE 4 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check If X 24-hour report 48-hour report New report X Amends report filed on	12 06 2012
Full Name (Last, First, Middle Initial) of Payee	
Champion Coach	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 145 Ben Hamby Lane Amo	
City State Zip Code	
Greenville SC 29615	7700.00 saction ID : SE.8531
Purpose of Expenditure Bus rental Category/ Type Office Sou	ght: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL Check On-	e: Support Oppose
CLAIRE MICCASNILL	от отрым
Calendar Year-To-Date Per Election for Office Sought 25087.00 Disbursem	nent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Chris Curry	M M / D D / Y Y Y Y
Mailing Address 801 G Street NW	10 29 2012
Amo	punt
City State Zip Code Washington DC 20001	3131.60
Trans	saction ID : SE.9561 light: House State: MO
Travel expenses for bus tour Category/ Type Outline Category/ Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
W TODD AKIN Check On	e: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 113035.70 Disbursem	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	10831.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date 01	/ D D / Y D Y D Y D Y D Y D Y D Y D Y D
Signature	2010

(SCHEDULE E)	PAGE 5 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check If 24-hour report 48-hour report New report Amends repo	rt filed on 12 06 2012
Full Name (Last, First, Middle Initial) of Payee	
Chris Curry	Date M M D D / Y Y Y Y Y Y Y Y Y
Mailing Address 801 G Street NW	Amount
City State Zip Code	
Washington DC 20001	114.11 Transaction ID : SE.9614
Purpose of Expenditure Bus tour travel expense Category/ Type 002	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
W TODD AKIN	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Engineering Supply and Imaging	Date 10 / 29 / 2012
Mailing Address 11281 James Street	Amount
City State Zip Code	
Holland MI 49424	50.88 Transaction ID : SE.9484
Purpose of Expenditure Supplies for bus tour Category/ Type 007	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
W TODD AKIN	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	. 164.99
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	20 2010

SCHEDULE E)	PAGE 6 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check If 24-hour report 48-hour report New report Amends report filed on	12 06 7 2012
Full Name (Last, First, Middle Initial) of Payee	
Engineering Supply and Imaging Mailing Address 11281 James Street	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ar	nount
City State Zip Code	50.88
Holland MI 49424	nsaction ID : SE.9500
Purpose of Expenditure Supplies for bus tour Category/ Type Office So	•
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL Check C	
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Kathy Flavin	ate 10 29 2012
Mailing Address 801 G Street NW Ar	nount
City State Zip Code	
Washington DC 20001	222.05 Insaction ID : SE.9510
Purpose of Expenditure Travel expenses for bus tour Category/ Type Office So	
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Check C	President One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	272.93
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date 01	/ 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

SCHEDULE E)	PAGE 7 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
	12
Full Name (Last, First, Middle Initial) of Payee Kathy Flavin	M M / D D / Y W Y W Y
Mailing Address 801 G Street NW	10 29 2012
Washington DC 20001	222.05 action ID : SE.9512
Purpose of Expenditure Travel expenses Category/ Type Office Soug	ht: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL Check One:	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburseme 2012 O	nt For: Primary General ther (specify)
Full Name (Last, First, Middle Initial) of Payee Fris Office Outfitters Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 109 River Avenue Amou	
City State Zip Code	447.49
Holland MI 49423	action ID : SE.9530
Purpose of Expenditure Bus tour supplies Category/ Type Office Soug	
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Check One:	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought 105213.76 Disburseme 2012	ent For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	669.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date 01	28 2013
Signature	

SCHEDULE E)	PAGE 8 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check If X 24-hour report 48-hour report New report X Amends report filed on	12 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Fris Office Outfitters Mailing Address 109 River Avenue	Date 10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	mount
Holland MI 49423	447.49 ansaction ID : SE.9618
Purpose of Expenditure Bus tour supplies Category/ Type Office S	Sought: House State: MO Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Check (One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 114121.84 Disburse 2012	ement For: Primary General Other (specify)
Google Inc.	nate 10 29 2012
Mailing Address 1600 Amphitheatre Parkway A	mount
City State Zip Code Mountain View CA 94043	300.72
Purpose of Expenditure Online ad Category/ Type Od4 Office S	Sought: House State: Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA Check (
Calendar Year-To-Date Per Election for Office Sought 300.72 Disburs 2012	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	748.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date 01	28 2013
Signature	

SCHEDULE E)	PAGE 9 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
	M = M / D = D / Y = Y = Y
Check If 24-hour report 48-hour report New report Amends report filed on	12 06 2012
Full Name (Last, First, Middle Initial) of Payee	ate
Lamplight Entertainment Inc.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8722 Oakdale Ave.	mount
	nount
City State Zip Code Northridge CA 91324	1500.00
Tra	nsaction ID : SE.9522
Purpose of Expenditure Supplies for bus tour Category/ Type Office So	ought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CLAIRE MCCASKILL Check C	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ement For: Primary General Other (specify)
ů –	
Full Name (Last, First, Middle Initial) of Payee Lamplight Entertainment Inc.	ate
Mailing Address 8722 Oakdale Ave.	10 29 2012
	mount
City State Zip Code	1500.00
Northridge CA 91324	ansaction ID : SE.9524
Purpose of Expenditure Category/ Office S	
Supplies for bus tour 006 Type 006	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
W TODD AKIN Check C	One: Support Oppose
	ement For: Primary X General
for Office Sought 105213.76 2012	Other (specify)
4.) auptotu (h	
(a) SUBTOTAL of Itemized Independent Expenditures	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Europolituses	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date 01	/ D D / Y Y Y Y
Signature Date 01	28 2013

SCHEDULE E)	PAGE 10 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check If X 24-hour report 48-hour report New report Amends report	rt filed on 12 06 2012
Full Name (Last, First, Middle Initial) of Payee	
Connie Mackay	Date M M D D / Y Y Y Y Y Y Y Y Y
Mailing Address 801 G Street NW	Amount
City State Zip Code	
Washington DC 20001	936.83 Transaction ID : SE.9490
Purpose of Expenditure Travel expenses for bus tour Category/ Type 002	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
W TODD AKIN	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Connie Mackay	Date
Mailing Address 801 G Street NW	10 29 / 2012
	Amount
City State Zip Code Washington DC 20001	936.83
Purpose of Expenditure Trival expenses for his tour Category/	Office Sought: House State: MO
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: President
CLAIRE MCCASKILL	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1873.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL OF STREETILZED INDEPENDENT EXPENDITURES	
(c) TOTAL Independent Expenditures	· • · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date	01 28 2013
Signature	2010

Travel expenses for bus tour Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Connie Mackay Mailing Address 801 G Street NW City Washington Senate President Disbursement For: Primary 2012 Other (specify) Amount City Washington Date Category/ Category/ Category/ Category/ Category/ OO2 Transaction ID: SE.9508 State: Purpose of Expenditure Category/ Category/ OO2 Category/ OO3 Office Sought: House State: President President Check One: Support Oppose Other (specify) Transaction ID: SE.9508 State: Purpose of Expenditure Category/ OO3 Office Sought: House State: Transaction ID: SE.9508) MO
Check If \$\instrumequate 24-hour report	O MO
Check If 24-hour report 48-hour report New report Amends report filed on 12 06 2012	O MO
Connie Mackay Mailing Address 801 G Street NW City State Zip Code DC 20001 Transaction ID: SE.9506 Purpose of Expenditure Travel expenses for bus tour Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Connie Mackay Mailing Address 801 G Street NW Amount City State Zip Code DC 20001 Transaction ID: SE.9506 Disbursement For: Primary General Connie Mackay Disbursement For: Primary Other (specify) Amount City State Zip Code DC 20001 Transaction ID: SE.9508 Purpose of Expenditure Category/ O02 Office Sought: House State: Internation ID: SE.9508 Transaction ID: SE.9508 Purpose of Expenditure Category/ O00 Office Sought: House State: Internation ID: SE.9508 Purpose of Expenditure Category/ O00 Office Sought: House State: Internation ID: SE.9508 Purpose of Expenditure Category/ O00 Office Sought: House State: Internation ID: SE.9508	MO see
Connie Mackay Mailing Address 801 G Street NW City State Zip Code DC 20001 Transaction ID: SE.9506 Purpose of Expenditure Travel expenses for bus tour Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Connie Mackay Mailing Address 801 G Street NW Amount City State Zip Code DC 20001 Transaction ID: SE.9506 Disbursement For: Primary General Control of Con	MO see
Mailing Address 801 G Street NW City State Zip Code DC 20001 Transaction ID: SE.9506 Purpose of Expenditure Travel expenses for bus tour Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Connie Mackay Mailing Address 801 G Street NW Amount Amount Amount Amount City State Zip Code Date Code One: Support Opposed Disbursement For: Primary Opposed Date Connie Mackay Mailing Address 801 G Street NW Amount City State Zip Code Date Category/ Opposed Date Category/ Opposed Date Category/ Opposed Date Code Date Co	MO Se
Washington DC 20001 Transaction ID: SE.9506 Purpose of Expenditure Travel expenses for bus tour Category/ Type 002 Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Connie Mackay Mailing Address 801 G Street NW Mailing Address 801 G Street NW Category/ Mashington Disbursement For: Primary Amount Disbursement For: Primary Amount Date Connie Mackay Date Connie Mackay Mailing Address 801 G Street NW Amount City Washington DC 20001 Transaction ID: SE.9508 Purpose of Expenditure Category/ Cate	MO Se
Washington DC 20001 Transaction ID: SE.9506 Purpose of Expenditure Travel expenses for bus tour Category/ Type 002 Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Connie Mackay Mailing Address 801 G Street NW Mailing Address 801 G Street NW Category/ Mashington Disbursement For: Primary Amount Disbursement For: Primary Amount Date Connie Mackay Date Connie Mackay Mailing Address 801 G Street NW Amount City Washington DC 20001 Transaction ID: SE.9508 Purpose of Expenditure Category/ Cate	MO Se
Travel expenses for bus tour Category/ Type 002	se .
Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Connie Mackay Mailing Address 801 G Street NW City Washington State Disbursement For: Primary Zo12 Other (specify) Date Date Category/ Category/ Office Sought: Category/ Office Sought: Check One: Support Opposite Disbursement For: Primary Amount City State Date Category/ Office Sought: Category/ Office Sought: Category/ Office Sought: Check One: Support Opposite Office Sought Disbursement For: Primary Amount Connie Mackay Date Category/ Office Sought: Category/ Office Sought: Category/ Office Sought: Category/ Office Sought: Connie Mackay Amount City Category/ Office Sought: Cate	
Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Connie Mackay Mailing Address 801 G Street NW City State Zip Code Washington Disbursement For: Primary 2012 Other (specify) Date Category/ Amount Transaction ID: SE.9508 Purpose of Expenditure Purpose of Expenditure Transaction ID: SE.9508 State: Purpose of Expenditure Category/ Office Sought: House State: Purpose of Expenditure	
Full Name (Last, First, Middle Initial) of Payee Connie Mackay Mailing Address 801 G Street NW City State Zip Code Washington Date Category/ Category/ Office Sought Other (specify) Date Date Transaction ID: SE.9508 State: Namount Category/ Office Sought: House State:	al
Connie Mackay Mailing Address 801 G Street NW City State Zip Code Usashington DC 20001 Transaction ID : SE.9508 Purpose of Expenditure Transaction For State: Office Sought: House State: Purpose St	Y
Mailing Address 801 G Street NW City State Zip Code 154.5 Washington DC 20001 Purpose of Expenditure Travel expenses for bus tour. Category/ 003 Office Sought: House State:	
City State Zip Code 154.5 Washington DC 20001 Transaction ID : SE.9508 Purpose of Expenditure Transaction ID : SE.9508 Category/ 003	
Washington DC 20001 Transaction ID : SE.9508 Purpose of Expenditure Travel expenses for him tour. Category/ 003 Office Sought: House State:	
Washington DC 20001 Transaction ID : SE.9508 Purpose of Expenditure Travel expenses for him tour. Category/ 003 Category/ 003	$\overline{}$
Purpose of Expenditure Category/ Category/ Office Sought: House State:	
Type Type Senate District:	//O
Name of Federal Candidate Supported or Opposed by Expenditure:	
CLAIRE MCCASKILL Check One: Support Oppo	;e
Calendar Year-To-Date Per Election for Office Sought 104769.66 Disbursement For: Primary Gene	al
(a) SUBTOTAL of Itemized Independent Expenditures	$\overline{\Box}$
(h) QUIDTOTAL of Unitarying discharge days Francischurg	=
(b) SUBTOTAL of Unitemized Independent Expenditures	_
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poli party committee) any political party committee or its agent.	
Paul Tripodi	
[Electronically Filed] Date 01 28 2013	

SCHEDULE E)	PAGE 12 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check If X 24-hour report 48-hour report New report X Amends report filed on 12	2 06 2012
Full Name (Last, First, Middle Initial) of Payee	
	10 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 801 G Street NW Amount	
Washington DC 20001	2383.79 tion ID : SE.9559
Purpose of Expenditure Travel expenses for bus tour Category/ Type Office Sought	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
W TODD AKIN Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement 2012 Oth	t For: Primary General ner (specify)
	M / D D / Y Y Y Y
Mailing Address 801 G Street NW	10 29 2012
Amount	t
City State Zip Code Washington DC 20001	845.69
Purpose of Expenditure Category/ Office Sought	t: House State: MO
Туре	Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought 105213.76 Disbursement 2012 Oth	t For: Primary General ner (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3229.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date 01	28 2013
Signature	2010

(SCHEDULE E)	PAGE 13 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check If X 24-hour report 48-hour report New report X Amends report	ort filed on 12 / 06 / 2012
Full Name (Last, First, Middle Initial) of Payee	
Darin Miller	Date
Mailing Address 801 G Street NW	10 29 2012 Amount
City State Zip Code	
Washington DC 20001	845.69 Transaction ID : SE.9516
Purpose of Expenditure Travel expenses for bus tour Category/ Type 002	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CLAIRE MCCASKILL	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Newscom Services Inc.	Date
Mailing Address 375 Chipeta Way	10292012
Suite B	Amount
City State Zip Code	
Salt Lake City UT 84108	60.00 Transaction ID : SE.9532
Purpose of Expenditure Bus tour supplies Category/ Type 006	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ————
W TODD AKIN	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 905.69
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date	e 01 28 2013
Signature	20 200

(SCHEDULE E)						17102	14 OF 18 OF FORM 24/48
NAME OF COMMITTE (In Fu					FE	C IDENTIFICA	ATION NUMBER ▼
Faith Family Freedo	om Fund				C	C0048962	25
Check If 24-hour report	48-hour report	New	report X Amends rep	oort filed	on 12	M / 06	2012
Full Name (Last, First, M	iddle Initial) of Payee				_		
Scott Potter	, ,				Date		/
Mailing Address 801 G S	Street NW				10 Amount	29	2012
City		Ctata	7:- Cada		Amount		
City Washington		State DC	Zip Code 20001		Transactio	on ID : SE.950	453.96 2
Purpose of Expenditure Travel expenses for bus t	our		Category/ Type 002		Sought:	House Senate	State: MO District:
Name of Federal Candida	ate Supported or Oppose	ed by Expendi	iture:	-		Preside	nt
W TODD AKIN				Chec	k One:	Support	Oppose
Calendar Year-To-E	ate Per Election or Office Sought		104460.66	Disbu 2012	irsement F	or: Prima	ry General
Full Name (Last, First, M Scott Potter	iddle Initial) of Payee				Date		/ Y Y Y Y Y 2012
Mailing Address 801 G S	Street NW				10	29	2012
					Amount		
City		State	Zip Code				453.97
Washington		DC	20001	.	Transacti	on ID : SE.950	
Purpose of Expenditure Travel expenses for bus t	our		Category/ Type 002	Office	Sought:	House Senate	State: MO District:
Name of Federal Candida	ate Supported or Oppose	ed by Expendi	iture:			Preside	nt ———
CLAIRE MCCASKILL				Chec	k One:	Support	Oppose
Calendar Year-To-l	Date Per Election for Office Sought		104460.66	Disbu 2012	ursement F	For: Prima	ry General
(a) CUDTOTAL of Henrico	d bedeen death Former dis						007.00
(a) SUBTOTAL of Itemize	a independent Expenditu	ires		···· >		7	907.93
(b) SUBTOTAL of Unitem	ized Independent Expend	ditures		···· •		7	,
(c) TOTAL Independent E	xpenditures			···· •		-7-	,
Under penalty of perjury I with, or at the request or party committee) any politi	suggestion of, any candid	date or author					
Paul Tripodi		[Elec	tronically Filed] Da	te 01			2013
Signature		•	Da	31		ئا لــــــــــــــــــــــــــــــــــــ	-5.5

(SCHEDULE E)	PAGE 15 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check If 24-hour report 48-hour report New report Amends report	filed on 12 06 2012
Full Name (Last, First, Middle Initial) of Payee	_
Scott Potter	Date
Mailing Address 801 G Street NW	10 29 2012
	Amount
City State Zip Code	300.00
Washington DC 20001	Transaction ID : SE.9607
Purpose of Expenditure Bus tour travel expense Category/ Type 002	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
	Check One: Support Oppose
	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR Newswire	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address G.P.O. Box 5897	
	Amount
CityStateZip CodeNew YorkNY10087	240.00 Transaction ID : SE.9621
Pur tour advertising	Office Sought: House State: MO
Type 004	Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure:	
W TODD AKIN	Check One: Support Oppose
	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	540.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Data	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature [Electronically Filea] Date	01 28 2013

SCHEDULE E)	PAGE 16 OF 18 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Faith Family Freedom Fund	C C00489625			
	M = M / D = D / Y = Y = Y			
	12 06 2012			
Full Name (Last, First, Middle Initial) of Payee Skyline West Michigan				
Mailing Address 4768 Danvers Dr. SE	10 29 2012			
Amou	unt			
City State Zip Code	1639.30			
Kentwood MI 49512	action ID : SE.9518			
Purpose of Expenditure Supplies for bus tour Category/ Type 007				
Name of Enderel Condidate Supported or Opposed by Expanditure:	President			
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN Check One	: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Disburseme 2012	ent For: Primary General Other (specify)			
5 H N				
Skyline West Michigan	M			
Mailing Address 4768 Danvers Dr. SE	29 2012			
Amou	unt			
City State Zip Code Kentwood MI 49512	1639.31 action ID : SE.9520			
Purpose of Expenditure Supplies for bus tour Category/ Type Office Source Office Source				
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
CLAIRE MCCASKILL Check One	: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Disburseme 2012	ent For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	3278.61			
	7 7 7			
(b) SUBTOTAL of Unitemized Independent Expenditures	7			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Paul Tripodi [Electronically Filed] Date 01	28 2013			
Signature				

(SCHEDULE E)	PAGE 17 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check If X 24-hour report 48-hour report New report X Amends report	rt filed on 12 06 2012
Full Name (Last, First, Middle Initial) of Payee	
UPS	Date
Mailing Address PO Box 533238	10
	Amount
City State Zip Code Charlotte NC 28290	1095.05 Transaction ID : SE.9623
Purpose of Expenditure Bus tour supplies Category/ Type 001	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ————
W TODD AKIN	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Glyn Wright	Date 10 29 7 2012
Mailing Address 8412 Blackishton Ln	Amount
014	Amount
City State Zip Code Alexandria VA 22308	224.54 Transaction ID : SE.9612
Purpose of Expenditure Bus tour travel expense Category/ Type 002	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
W TODD AKIN	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1319.59
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures	·
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	2. 25 2010

(SCHEDULE E)	PAGE 18 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Faith Family Freedom Fund	C C00489625
Check If X 24-hour report 48-hour report New report Amends report	rt filed on 12 06 2012
Full Name (Last, First, Middle Initial) of Payee	
Mark Yarborough	Date M M / D D / Y Y Y Y Y Y Y Y Y
Mailing Address 417 Desert Garden Drive	Amount
City State Zip Code	
Plano TX 75093	356.18 Transaction ID : SE.9486
Purpose of Expenditure Travel expenses for bus tour Category/ Type 002	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
W TODD AKIN	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Mark Yarborough	Date 10 29 7 2012
Mailing Address 417 Desert Garden Drive	10 29 2012
	Amount
City State Zip Code Plano TX 75093	356.19 Transaction ID : SE.9488
Purpose of Expenditure Travel expenses for bus tour Category/ Type	Office Sought: House State: MO Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CLAIRE MCCASKILL	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	712.37
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	39387.74
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent or party committee) any political party committee or its agent.	
Paul Tripodi [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	2010